



**COUNTY OF CHISAGO
STATE OF MINNESOTA**

**APPLICATION FOR PRECIOUS METAL LICENSE
BY BUSINESS**

TODAY'S DATE _____

Application Fee - \$100

Principal Business Name _____ Phone # _____

Principal Business Address _____

City _____ State _____ Zip Code _____

Fed Tax ID# _____ MN Tax ID# _____

Each Officer or General Partner must be listed

Officer of Business _____ Title _____

Home Address _____

City _____ State _____ Zip Code _____

Phone # _____ DOB _____ SSN# _____

Officer of Business _____ Title _____

Home Address _____

City _____ State _____ Zip Code _____

Phone # _____ DOB _____ SSN# _____

Attach additional pages if necessary

Branch Office Information

- Each Branch location shall be operated under the same name as the Principal Office
- List ALL Branch locations within Chisago County

Branch Location Address _____

City _____ State _____ Zip Code _____

Managed By _____ Home Phone _____

Home Address _____

City _____ State _____ Zip Code _____ DOB _____

Branch Location Address _____

City _____ State _____ Zip Code _____ DOB _____

Managed By _____ Home Phone _____

Home Address _____

City _____ State _____ Zip Code _____ DOB _____

Branch Location Address _____

City _____ State _____ Zip Code _____ DOB _____

Managed By _____ Home Phone _____

Home Address _____

City _____ State _____ Zip Code _____ DOB _____

Attach additional pages if necessary

Prior to license being issued, every application shall be submitted with

- Complete Consent for Release of Information form for each person referenced
- Complete Tennessee Warning form for each person referenced
- Complete MN Workers' Comp Law form for business
- Complete MN Tax Clearance Certificate form for business

I am an authorized Officer of the business applying and I understand and agree to comply with all requirements of the State of Minnesota. I have supplied all required information with this application and that all information given is true and correct. I understand that the license is valid for a period of 1 year from the date of issue.

Applicant's Signature

Date

Subscribed to and sworn before me this _____ day of _____, 20____.

NOTARY PUBLIC *or* DEPUTY AUDITOR/TREASURER